IPSSW 2013 was a tremendous success. This was our largest meeting to date with over 450 attendees from 32 countries. Mitchell Finlayson traveled over 10,000 miles from Sandringham (literally across the world).

One attendee stated: ‘I have never attended an event that has left me feeling so inspired by the passions and energy that I witnessed from everyone. It was fantastic! I thank you all for making me feel so welcome and I am very much looking forward to continuing to support you all in what I consider to be an admirable and influential movement within the world of simulation.’

The meeting was spread over five floors at the New York Academy of Medicine with world famous speakers providing plenary talks on topics at the intersection of arts, the humanities and simulation. The amazing plenary talks will be available on the IPSS website in the coming months: Cynthia Breazal/Robotics, Julileynn Wong/Puppetry, Kathryn Schulz/Wrongology, Helen Marriage/Disruptive Art, Norman Lufesi/International Simulation.

The meeting started with a complex opening simulation that involved over 20 individuals hard work. Over 250 abstracts were presented on a diverse range of topics in workshops, roundtables and poster professor rounds. The research committee under the leadership of Ralph MacKinnon (UK) piloted speed-mentoring sessions that provided for a planned networking interaction with leaders in subspecialty areas of simulation research.

Between sessions attendees were entertained by puppeteers and even had the opportunity to try their hand at this form of simulation. The meeting party at the Central Park boathouse was unforgettable and featured wonderful food, great dancing and a “surprise” rap by Peter Weinstock (US). The IPSS Board and Committees held meetings in early mornings and late evenings and made substantial progress in the growth and development of the society. The meeting also provided a venue for the growing number of pediatric simulation research networks to meet (INSPIRE, NICU, MEPA).

A new era in IPSS started at this meeting with the election of David Grant to President and Adam Dubrowski to Vice President as well as new members of the BOD. Thank you to the IPSS Board of Directors and IPSSW 2013 Planning Committee (Marino Festa (AUS) and Vincent Grant (CA)) for their tireless work on planning this meeting. Lastly we want to congratulate ENIC and the New York Academy of Medicine on the great conference that they supported.

Hope to see many of you for an even better meeting next year in Vienna!

Marc Auerbach
Chair, IPSSW 2013

RESULTS ARE IN...IPSSW 2013 A 5TH SMASHING SUCCESS FOR PEDIATRIC SIMULATION IN THE HEART OF NEW YORK CITY! ONWARD TO IPSSW 2014 VIENNA!

Summary of Survey Results for IPSSW2013

We heard from you!! Thank you very much for your feedback! We would like to share the Education & Research Needs Summary with you:

Newsletters, the IPSS Website and the development of local networks were the 3 most discussed subject matters and thus we are acknowledging these as being the most important membership features to develop and improve.

The most important education topics that were identified include:
1. Learner assessment and evaluation
2. Human factors/crisis resource management
3. Debriefing
4. Needs assessment and curriculum design

IPSS Membership Results

Current membership consists of:
77% MD, 17% Nurses, 6% other
33% Pediatrics, 34% Pediatric Intensive Care and 21% Neonatology
47% have more than 5 years membership
35% have between 3-5 years membership
18% have 0-2 years membership

Geographical Membership Stats:
43% US
19% UK
9% Aussie
5% Canadian

Thank you again for taking your time to complete our survey. We hope to address your educational and research needs in the coming months.
IPSSW 2013 Award Winners!

Best Overall Presentation: Taylor Sawyer
Retention of Pediatric Resuscitation Skills after a Simulation-based Mastery Learning Intervention

First Runner Up: Richard Paget, Emergency Evacuation of an entire Paediatric Cardiac Intensive Care Unit using High Fidelity Simulation as part of a new facility staff orientation programme.

Second Runner Up: Kevin Ching, BASE Camp: Pediatric Emergency Medicine Fellow Simulation-Based Procedural Skills Training

Third Runner Up: Karen Mathias, Massive Transfusion Protocol: Getting it right with simulation

Best Presentation By A Trainee: Safeena Afzal, Implementation of a simulated catastrophic blood loss pathway simultaneously in the Paediatric Intensive Care Unit and the Blood Transfusion Service laboratory

First Runner Up: Pratheeban Nambyiah, Does an early booster session improve performance and retention of skills in neonatal resuscitation compared to a later booster? A simulation based randomized controlled trial.


Third Runner Up: Phillip Knight, Improving patient safety through mitigation of latent threats identified in an embedded in-situ simulation programme

Congratulations and a huge thank you to everyone who contributed to our conference this year!
IPSS Help to Improve Medical Care in Malawi

In the early part of May an Interprofessional team of eight educators, Peter Weinstock MD, Adam Dubrowski PhD, Faizel Haji MD, Renee Poyburn MN, Ian Wishart MD, Elaine Sigalet MN, PhD, Shannon Manzi PhD Pharm, David Grant MD from the International Pediatric Simulation Society travelled to Malawi to identify opportunities for improving medical care.

Malawi has one of the highest rates of death in children under the age of 5 in the world. In a commitment to improve these statistics a partnership was formed between IPSS, Malawi’s Ministry of Health, the World Federation of Pediatric Intensive and Critical Care (WFPIICS) and the World Health Organization (WHO). In addition to this partnership the WHO developed an Emergency triage, assessment and treatment course (ETAT) to promote early identification and treatment of really sick children at risk for poor health outcomes. Mortality rates have decreased significantly since inception of the ETAT course but still remain much higher than those in the rest of the world. For this reason, the partnership asked SPSS to assess the ETAT course, and health service delivery in Malawi for opportunities to enhance learning by engaging simulation. The goals of the trip were to determine how best to leverage education and simulation as a learning modality for Malawi health professionals and parents to enhance the current delivery of the ETAT course, and identify other areas which may benefit from the use of simulation to deliver information, to reduce the incidence of morbidity and mortality.

While in Malawi, the team met with senior officials from the Ministry of Health and the public healthcare system, as well as the Dean of the School of Nursing and educators from both the universities and the public healthcare system. To gain insight into the inherent challenges in health service delivery, the team attended an ETAT course and visited the Central Hospital in Lilongwe, district hospitals and rural health centers. The need for health care resources was an overwhelming repetitive theme. Supplies to support oxygen delivery were one example. Many district and rural health clinics could not provide oxygen therapy even in the Emergency setting. In the city hospital the scarcity of oxygen delivery devices was evident in the guidelines developed to guide oxygen therapy. Children in need of oxygen were only able to receive up to 2 litres of support. The reason for this is that in Malawi oxygen is delivered by oxygen concentrators that are maxed out at 10 litres. Therefore by limiting each child to 2 litres as many as five children can benefit from each delivery source. This becomes a critical factor in improving health care as currently pneumonia accounts for the highest level of mortality with malaria close behind. There were many other themes and the team is currently in the process of reviewing all the data collected from interviews with various stakeholders to develop a plan and in collaboration with Malawi educators develop a faculty training program.

The team plans to make additional visits in the future optimizing the experience of other educators in the society to deliver the faculty training program and to make sure that it is supported with appropriate resources. Various funding sources are being explored and funds will be managed through the International Pediatric Simulation Society.

As the group of educators met for the final night team debrief, all members felt strongly that the Malawi project, still in early phases of development, has the potential to make a real difference in the lives of many in Malawi. The dedication to improving healthcare through education and development is a mission that IPSS and all of its members stand behind. This trip to Malawi is just one example of the society’s commitment to improving healthcare in Malawi and around the world.

We look forward to keeping you abreast of our progress in Malawi. Anyone interested in joining this Interprofessional team is welcome to contact one of the members for information.

Sincerely your colleagues,
The Malawi Project Team

IPSS is Growing!

It takes a village to raise a child...

Societies, much like children grow, their needs change and different parenting approaches are needed to accommodate these growths and changing needs. In its toddler years, the International Pediatric Simulation Society (IPSS) experienced rapid growth under the early leadership. This phase was characterized by deliberate encouragement of innovation, organic and carefully cared for growth of ideas and simply trying new things to see what works and what does not work in the World. The physical growth and development of originality proved that IPSS became a comfortable home for pediatric simulation specialists, researchers and innovators.

We are now entering the teenage years, which have different needs and require a different approach. The Society will need to develop its own rules, as well as learn about the rules and structures by which the rest of the World functions, in order to prepare us for a sustainable and efficient adulthood. We need to learn how to organize ourselves, our time and our relationships with others. Our new leadership will face a challenge of developing and teaching us rules without hindering the innovative and free innerchild.

One possible solution to maintain the balance between organizational growth and freedom leading to innovation and originality, and structured growth of governance to prepare us for future adulthood can be found in the Polarity Management approach. This approach requires the articulation of a statement of the Society’s purpose and goals, and a description of the possible outcomes if the balance is not managed effectively. Next, in the approach as a Society we will need to describe the possible positive as well as negative results from focusing on each of the poles too closely. Finally, this approach requires clear action steps that could help us maintain the positive results from focusing on each pole, and indicators to provide an early warning of the negative results. For example, how will we know that we are too structured and not creative enough, and how are we prepared to deal with it? In this model, IPSS will reach its full adulthood capacity when the inherent tensions between the two poles are maintained to maximize the positive and minimize negative aspects.

This will only work with active involvement from the members of the Society. Through surveys, interviews and face-to-face discussions during our annual meetings the IPSS leadership will continually seek feedback from the members about the things we are doing well, and things that we can improve to maintain the fine balance between polarities. An African proverb states “It takes a village to raise a child” – in the case of IPSS it is the global village of IPSS members.

Adam Dubrowski
Vice President, IPSS
Annie Noble

I currently work as the Paediatric Simulation Co-ordinator at a UK tertiary Children’s Hospital. My background is a PIC nurse and Resuscitation and Medical Emergencies Educator.

I became involved in IPSS as I strongly believe it is a great medium to allow sharing of our information, knowledge and experiences of delivering simulation education. I see this sharing of information as vital to continually advance and improve all areas of simulation education internationally.

I would wish to encourage the continued high quality research that is emerging in the field of paediatric simulation. With the IPSS support there are future plans to develop research projects, potentially linking in with other international centres. My passion is to ensure all simulation education is relevant, valuable and is the appropriate methodology to be using. I believe research and evaluation of our educational interventions is vital to foster a high standard of education. There is much potential for generating multi professional simulation research and one of my goals is to ensure those types of research projects are supported where possible.

I see IPSS as an evolving, progressing society and I think that is pivotal in order to embrace all of the new developments and concepts that are emerging in simulation education.

Douglas Campbell

I am the simulation lead at the University of Toronto in the Division of Neonatal-Perinatal Medicine. My passion centers around inter-professional team-training.

I envision the IPSS to be the ultimate resource for simulationists involved in pediatric health. Whether an educational psychologist interested in improving curriculum, or a developmental pediatrician trying to change behavioral treatment of autistic teenagers, simulation is an agent for that change.

The IPSS should bring these individuals and individual organizations together to foster collaboration, innovation and change. In order to achieve this vision we need to collaborate with industry, academia, and regional/national societies in order to reduce duplication and foster the passion and creativity within the field of simulation.

My experience in neonatal resuscitation team training, administrative leadership at a local and national level, and broad understanding of inter-professional simulation provides me with a base from which to lead. My perspective has changed over time as I am convinced that simulation is not only an academic tool for the learner and a given team, but an agent of change within and across organizations. My goal is to lead change across organizations as a board member of the IPSS.

Richard Levin

I am an enthusiastic and dynamic Paediatric Intensivist from Scotland. I have a keen practice and research interest in paediatric simulation. Simulation medicine is becoming more universally embedded in to curricula worldwide and I believe that IPSS can be at the forefront of change.

IPSS is a ‘young’ organisation beginning an exciting journey in the world of paediatric simulation. A global forum is essential in order to coordinate and maximise the potential of educational and research opportunities within the paediatric simulation world. It is very apparent that-at a time of global recession-resources need to be maximised and that duplication on a regional and national scale is not uncommon. This represents poor use of personnel and equipment and ultimately places a further squeeze on budgets which are already constrained at this time.

I believe that IPSS is in a prime position to deliver paediatric simulation on a global scale and to disseminate educational and training packages that will compliment the training of doctors, nurses and healthcare professionals worldwide. The same model can be applied to research opening the door for multi-centre international collaborative projects which are greatly lacking in this field of medicine.

Lindsay Johnston

I started as an Assistant Professor of Neonatology at Yale in 2009 after completing fellowship training at University of Pennsylvania. The majority of my time is spent doing what I love, educating trainees and members of the multidisciplinary medical team. I am particularly interested in ECMO simulation, team training, and strategies to improve procedural success rates among trainees and neonatal providers.

I became involved in IPSS because I wanted to contribute to advancements in pediatric simulation and research. I envision several projects for IPSS. First, it is important to provide mentorship opportunities for those new to simulation. I was fortunate to have excellent guidance from the physicians and educators involved in simulation at Yale, which was key in my developing several successful simulation based programs. Many providers lack these resources, and IPSS could fill this gap by developing a mentorship program to support novices. Secondly, IPSS offers a unique opportunity for collaboration among groups with similar interests.

Finally, rigorously designed research studies evaluating the effectiveness of simulation-based educational interventions and their impact on clinical care will continue to be important as the field evolves.

I am truly passionate about simulation and education, and I hope to be an asset to the IPSS Board of Directors.
Over the last 10 years, I have served as a Clinical Educator in the Neonatal Intensive Care Unit at Children’s Hospital Boston. My passion is simulation and as such have devoted the past 10 years to the development and implementation of a variety of high-fidelity, interdisciplinary simulation training courses. In 2009, I was invited to become a founding board member of the IPSS society and have this year been re-elected to the Board Of Directors. My vision for the future of IPSS includes:

1. Promote the further development and expansion of allied health and nursing membership within the society. Reaching out to international nursing and allied health organizations is key to promoting the IPSS mission within these groups. I deeply believe that interdisciplinary representation and commitment are key for our growth and ultimate success.

2. Growth of IPSS educational program. Outreach education, webinars and the sharing of information on an international level is so important to the foundation of a strong society that is devoted to perinatal, neonatal and pediatric medical education. This can be accomplished in several ways including further development of IPSS website and providing educational programs that meet the needs of all levels of simulation experience.

Membership and interest in this newly formed Society has grown exponentially over the past few years. I envisage IPSS to be a portal to the paediatric and neonatal simulation community around the world. The IPSS is in a pivotal position to assist other simulation based programmes and set standards at an international level. It is essential to continue to increase the membership of the IPSS through marketing and communication thus leading to generate revenue and to ensure sustainability of the society.

Other goals include working closer with our industry colleagues to assist in the development of paediatric and neonatal specific part task trainers, manikins, and information technology. With a society that attracts healthcare workers of all disciplines and a growing interest from technologists, biomedical engineering and audio visual specialists, formation of special interest groups (SIGs) will ensure that individuals meet colleagues within their disciplines to build networks and international collaborative projects assisting with research.

Faculty development, consistency in instructor training requirements and ongoing mentorship will be an expanding requirement of the IPSS activities. Alongside this, an advisory role in the career structure for those involved with simulation based training. A creative approach is essential for the unique culture of working with children and their families. Other areas in the performing arts could be explored in a greater depth to assist with hybrid models such as puppetry, clown doctors, and screen based simulations.

I believe good collaboration between IPSS members and partner-networks provides a unique opportunity to advance scholarship in simulation augmented education by striking a balance between organizational stability, setting standards around quality research, and providing a forum to foster innovation.

In the coming years, I would hope to focus our efforts on capacity building and organizational stability.

Specifically, the first goal is to establish an organizational culture where members of the education, research, and technology pillars engage in cross-pillar collaboration. This requires strategically building organizational capacity by infusing elements of ‘meta-leadership’ and engaging innovative technologies to promote this collaboration.

The second goal is to clearly define the unique contributions IPSS makes to the broader world of simulation in health care. Leveraging the successes of our partner networks, I view quality research as one such unique contribution. I aim to work with the President and Board of Directors (BOD) to establish strong research capacity building and mentoring for all IPSS members.

Finally, successful organizations often achieve balance between providing opportunities for ‘out-of-the-box’ thinking and strong guidance structures. Working with the President and BOD, and IPSS members my goal will be to strive for organizational balance by providing a forum to grow innovative ideas, and to activate organizational structures to ensure focused growth internally and externally.

Our mission is to promote and support multi-disciplinary simulation-based education, training and research among all subspecialties focused on the unique nature and needs of caring for the pediatric and perinatal patient and family.
The growth in membership numbers and committee activity has required an increased level of support from the volunteer IPSS administrative and executive team. As activity increased, it has increasingly become evident that the level of support that such a part-time infrastructure is able to provide, is insufficient to sustain the accelerated demand on resources.

In order to continue to facilitate these important functions and as part of their mission to improve membership value and experience, the IPSS executive has investigated various options to improve society management. After a rigorous process of evaluation and interviewing of potential partners, the EC has identified MCI International as IPSS's professional Society Management Company. This partnership will bring many advantages including the reincorporation of IPSS as a "not for profit" society in Switzerland, allowing significant tax benefits.

The IPSS Board of Directors are very excited about the developmental opportunities that MCI will bring allowing us to be more responsive to membership demands and continued improvement of membership resources and opportunities.

**MEET OUR NEW PRESIDENT...**

I graduated from the University of Stellenbosch, before training in Paediatrics and Paediatric Intensive Care in South Africa, United Kingdom and Australia. I am actively involved in implementation of simulation and technology enhanced educational tools at a local, regional, national and international level. I have been privileged to be part of a team of talented and passionate individuals that have established the foundations of IPSS. I am excited about taking on the challenge of building on these foundations; working with the elected IPSS Board of Directors, established IPSS committees and membership to ensure IPSS establishes itself as a sustainable society.

My vision is that IPSS will have a tangible impact on global child health and welfare through promotion of multi-disciplinary simulation-based education, training and research. Whilst focusing on the unique nature and needs of caring for pediatric and perinatal patients and their families both in developed and developing countries. The challenge for IPSS is to find ways to address these goals at a global level, irrespective of geography. We will do so through a wide range of initiatives, including collaboration with other healthcare organisations and local healthcare professionals to develop relevant and sustainable educational interventions.

Our mission to continue, “walking around the world” will aid this process, requiring IPSS to continue carefully selecting host locations for annual meetings, allowing it to serve as a tool for the strategic support of development of paediatric simulation initiatives. Thus focusing the attention of local community, sharing international expertise, creating networks and establishing links and partnerships. Membership involvement in the strategic development of IPSS will ensure it best serve members by addressing their needs and finding ways to innovatively disrupt paediatric simulation delivery methods. Harnessing the power of its educational methodologies whilst serving a global child health community.

**MEET OUR NEW MANAGEMENT COMPANY...**

Since its establishment in April 2011 IPSS has grown at a phenomenal pace. Current membership stands close to 350 members from 32 countries and over the last year the 8 IPSS Committees have been working tirelessly to create resources to enhance the membership experience for IPSS members.

The growth in membership numbers and committee activity has required an increased level of support from the volunteer IPSS administrative and executive team. As activity increased, it has increasingly become evident that the level of support that such a part-time infrastructure is able to provide, is insufficient to sustain the accelerated demand on resources.

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**MCI**

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IPSSW2014
April 23rd - 25th 2014
VIENNA, AUSTRIA

6th International Pediatric Simulation
Symposia and Workshops

ORCHESTRATION OF PEDIATRIC SIMULATION: ELEGANCE AND HARMONY

Join renowned and interprofessional global experts in the world’s largest meeting dedicated exclusively to pediatric and perinatal simulation for three days of in-depth discussion on the role simulation plays in the quest to provide safe and effective care to sick children and infants, with a special focus on the human factors and team training aspects of simulation.

IPSSW2014 will feature distinguished international speakers representing leaders in pediatric simulation as well as related fields and industries. Don’t miss an inspiring conference with unmatched networking and knowledge exchange in hands-on workshops, roundtable sessions, special interest groups and poster presentations!

Who should attend this education summit? All pediatric subspecialities from novice to expert level: Nursing, Physicians, Allied Health Care, Simulation Educators and Researchers, Technicians and Administrators.

Register soon and take an active role in the advancement of pediatric simulation science for the purpose of improving education and patient outcomes in perinatal and pediatric medicine.